FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: November 30, 2002 Estimated average burden hours per response...16.00

FORM D



NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| | SEC | USE | ONLY | |
|--------|------|-----|--------|--|
| Prefix | | | Serial | |
| | DATE | REC | EIVED | |
| | 1 | | | |

| 02025190 | |
|--|--|
| Name of Offering ([]check if this is an amendment and name has change | ged, and indicate change.) |
| J.P. Morgan Partners Global Private Investors I, L.P. | |
| Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 5 | 06 [] Section 4(6) [] ULOE |
| Type of Filing: [\mathbf{x}] New Filing [] Amendment | |
| A. BASIC IDENTIFICATION DATA | \100 a |
| 1 Enter the information requested about the issuer | MR2 (Table) |
| 1. Enter the information requested about the issuer | |
| Name of Issuer ([) check if this is an amendment and name has changed, and i | ndicate change.) |
| J.P. Morgan Partners Global Private Investors I, L.P. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) (212) 464-1298 |
| c/o J.P. Morgan Private Bank, 345 Park Avenue,6th Floor, New York, NY 10154 | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business: | 1170547 |
| To invest as a limited partner in J.P. Morgan Partners Global Investors, L.P. Type of Business Organization | 11 1057 |
| | other (nlease speciff |
| [] business trust [] limited partnership, to be formed | other (please specif PROCESSE |
| | MAY 1 0 2002 |
| | Actual [] Estimated THOMSON |
| Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreign | abbreviation for State: FINANCIAL jurisdiction) |
| GENERAL INSTRUCTIONS NO | |
| Federal: Who Must Fire: $\frac{1}{2}$ Sissuers making an offering of securities in reliance on Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. $77d(6)$. | an exemption under Regulation D or |
| When To File: A notice must be filed no later than 15 days after the first sale of s | securities in the offering. A notice is |
| deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of | of the date it is received by the SEC at |
| the address given below or, if received at that address after the date on which it is United States registered or certified mail to that address. | is due, on the date it was mailed by |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Wash | nington, D.C. 20549. |
| Copies Required Rive (5) copies of this notice must be filed with the SEC, one of | which must be manually signed. Any |
| copies not manually signed must be photocopies of the manually signed copy or bear to Information Required: A new filing must contain all information requested. Amendment | typed or printed signatures. Its need only report the name of the |
| Information Required: A new filling must contain all information requested. Amendment issuer and offering, any changes thereto, the information requested in Part C, and a | any material changes from the |
| information previously supplied in Parts A and B. Part E and the Appendix need not Filing Fee: There is no federal filing fee. | be filed with the SEC. |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offers | |
| securities in those states that have adopted ULOE and that have adopted this form. | |
| separate notice with the Securities Administrator in each state where sales are to be requires the payment of a fee as a precondition to the claim for the exemption, a fe | |
| this form. This notice shall be filed in the appropriate states in accordance with | |
| constitutes a part of this notice and must be completed. | |

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

| Each promoter of the issuer, if the issuer has been Each beneficial owner having the power to vote or does a class of equity securities of the issuer; Each executive officer and director of corporate is partnership issuers; and Each general and managing partner of partnership is | ispose, or direct the suers and of corporate | vote or disposit | ion of, 10% or more of |
|--|--|--|--|
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [] Executive Officer | [] Director | <pre>[x] General and/or Managing Partner</pre> |
| Full Name (Last name first, if individual) | | | Thanksging ratener |
| J.P. Morgan Private Investments Inc. | | | · |
| Business or Residence Address (Number and Street, City, State, | • | | , |
| c/o J.P. Morgan Private Bank, 345 Park Avenue, 6th Floor, New | York, NY 10154 | | |
| | ecutive Officer of Morgan Private tments Inc.("JPMPI") | <pre>[x] Director of J.P. Morgan Priv Investments Inc.</pre> | |
| Full Name (Last name first, if individual) | | | |
| Craighead, Andrew E. Business or Residence Address (Number and Street, City, State, | 7in Code | | · |
| | - | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | <pre>[x] Executive Officer Of JPMPI</pre> | <pre>[x] Director of JPMPI</pre> | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Fowler, Gordon B., Jr. | | | |
| Business or Residence Address (Number and Street, City, State, | - | | v. |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner Full Name (Last name first, if individual) | [x] Executive Officer Of JPMPI | [x] Director of JPMPI | [] General and/or Managing Partner |
| | | | |
| Maillet, Madeleine Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [] Executive Officer | [*] Director of JPMPI | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Ronayne, Gerald | | | |
| Business or Residence Address (Number and Street, City, State, | • | | • |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w York, NY 10154 | · · · · · · · · · · · · · · · · · · · | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [*] Executive Officer Of JPMPI | <pre>[x] Director of JPMPI</pre> | <pre>{ } General and/or</pre> |
| Full Name (Last name first, if individual) | | | |
| Zaharoff, Alexander G. Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w York, NY 10154 | | · · · · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [*] Executive Officer of JPMPI | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Conklin, Margaret A. Business or Besidesse Address (Number and Street City State | 7in Codo) | | |
| Business or Residence Address (Number and Street, City, State, | | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, Ne | w rork, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [x] Executive Officer of JPMPI | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| DoGraca Patrick I. | | | |

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, New York, NY 10154

| * Check Box(es) that Apply: [] Promoter [] Beneficial Owner | <pre>[x] Executive Officer of JPMPI</pre> | [] Director | [] General and/or Managing Partner |
|---|---|--------------|--|
| Full Name (Last name first, if individual) | <u> </u> | | |
| Drescher, Stephanie Business or Residence Address (Number and Street, City, State, | Zin Code) | | , |
| | | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [x] Executive Officer | [] Director | [] General and/or |
| Full Name (Last name first, if individual) | of JPMPI | | Managing Partner |
| Wurth, Douglas Business or Residence Address (Number and Street, City, State, | 7:n Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | · | | |
| | | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | of JPMPI | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Kassa, Jote Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | ew York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [*] Executive Officer of JPMPI | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | OI OIMI | | Hamaging Faither |
| Tripp, Kathleen | | | |
| Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | ew York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | <pre>[x] Executive Officer of JPMPI</pre> | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Barry, Rose Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | ew York, NY 10154 | | , |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | _ | [] Director | [] General and/or |
| Full Name (Last name first, if individual) | of JPMPI | | Managing Partner |
| Coleman, Teresa | | · | |
| Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | ew York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | <pre>(x) Executive Officer of JPMPI</pre> | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| DeFrehn, Julie Business or Residence Address (Number and Street, City, State, | Zip Code) | | |
| c/o J.P. Morgan Private Investments, Inc., 345 Park Avenue, No. | ew York, NY 10154 | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | | [] Director | |
| Full Name (Last name first, if individual) | | | Managing Partner |
| Business or Residence Address (Number and Street, City, State, | 7in Code) | | |
| Subtress of Residence Address (Number and Screec, City, State, | 210 0000) | | |
| Check Box(es) that Apply: [] Promoter [] Beneficial Owner | [] Executive Officer | [] Director | |
| Full Name (Last name first, if individual) | | | Managing Partner |
| | | | |
| Business or Residence Address (Number and Street, City, State, | Zip Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | | B. INFORM | ATION ABOU | T OFFERING | ; | | | | |
|----------------------|---|---------------------------------------|-----------------------------------|---------------------------------------|---------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|--------------------------------|----------------------|
| | | | | | | | | | | | Ye | s No |
| 1. Has | the issue | r sold, or Answ | does the er also in | issuer int Appendix, | end to se. Column 2 | ll, to nor , if filir | -accredite ng under UL | d investor. OE. | s in this o | offering? . | [|] [x] |
| * | t is the m Subject to | the discr | etion of t | he General | Partner | to accept | lesser amo | unts. | | | Yes | *000,000 |
| 3. Doe | s the offe | ring permi | t joint ow | nership of | a single | unit? . | | | • • • • • | | . (x) | [] |
| com If sta | er the inf mission or a person to te or states | similar r o be liste es, list t | emuneration dis an as the name of | n for soli sociated p the broke | citation erson or a | of purchas agent of a er. If mo | sers in con a broker or ore than fi | nection wi dealer re ve (5) per | th sales of gistered wissons to be | f securitie ith the SEC listed are | s in the cand/or wis associate | ffering. th a |
| Full Name | (Last name | first, if | f individua | 1) | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Business | or Residenc | ce Address | (Number an | d Street, | City, Stat | e, Zip Coo | de) | | | | - | |
| Name of A | ssociated E | Broker or D | Dealer J.P. | Morgan Se | curities I | inc, | | | | | - | |
| | which Pers | | | | | | | | | | (x] Al | l States |
| [AL] | [AK] | (AZ) | (AR) | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] [MT] [RI] | [IN] [NE] [SC] | [IA] [NV] [SD] | [KS] [NH] [TN] | [KY] [NJ] [TX] | [LA] [NM] { UT } | [ME] [NY] [VT] | [MD] (NC) (VA] | [MA] [ND] [WA] | [MA] [OH] [MI] | (MN) [OK] (WI) | [MS] [OR] [WY] | [MO] [PA] [PR] |
| Full Name | (Last name | first, if | individua | 1) | | | | · | · · · · · · · · · · · · · · · · · · · | | | |
| | or Residenc | | | | City, Stat | e, Zip Coo | de) | | | | - | |
| | | | | | | | | | | | - | |
| | ssociated E | | | | | | | ·· | | | - | |
| | which Pers "All State | | | | | | | | | | . [] Al | l States |
| [AL] [IL] | [AK] [IN] | (AZ) [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] | [DC] [MA] | [FL) [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] |
| (MT) (RI) | [NE] | [NV] (SD) | [NH] [TN] | [NJ] [TX] | (MM) (UT) | (NY) (VT) | (NC) (VA) | [ND] (WA] | [MA] [HD] | [OK] | [OR] [WY] | [PA] [PR] |
| Full Name | (Last name | e first, if | individua | 1) | | | | · | | | | |
| Business | or Residenc | e Address | (Number an | d Street, | City, Stat | e, Zip Coo | ie} | | | | | |
| Name of As | ssociated E | Broker or D | Dealer | | | | | | | | - | |
| | which Pers | | | | | | | | | | | * |
| | "All State | | | | | | | | | | | l States |
| (AL) | [AK] [IN] | [AZ] [IA] | {AR} [KS] | {CA} | [CO] [LA] | (CT) [ME) | [DE}- | - [DC] [MA] | {FL} [MI] | (GA) [MN] | [HI] [MS] | [ID] [MO] |
| (MT) (RI) | [NE] [SC] | (NV) (SD) | [NH] [TN] | [NJ]. [TX] | (NM) (UT) | [VY] [VT] | [NC] [VA] | [ND] [WA] | [OH] (₩V) | [MI] [OK] | [OR] [WY] | [PA] [PR] |
| | (Last name | | | | | | | | | | | |
| | or Residenc | | | d Street, | City, Stat | e, Zip Cod | ie) | | | | | |
| | ssociated B | | | | | 14-4- D | | | | | | |
| | which Pers "All State | | | | | | | | | | . [] Al | l States |
| [AL] [IL] | (AK) | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | (DE) (MD) | [DC] [MA] | [FL] [MI] | [GA]. (MN] | [HI] (MS] | [ID] [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | (MM) (UT) | [NY] [VT] | (NC) (VA) | [DN] [AW] | [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| - | • | | • | | | | | | | | . · | - |

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| | | С. | OFFERING | PRICE, | NUMBER O | F INVESTORS | EXPENSES | AND | USE OF | PROCEEDS | |
|----|--|------|----------|--------|----------|-------------|-----------|-----|--------|--------------------------------|---------------------------|
| ι. | Enter the aggregate of Enter "0" if answer is indicate in the column | s "1 | none" or | "zero. | " If th | e transact | ion is an | exc | hange | offering, check th | is box [] and |
| | Type of Security | | | | | | | | | Aggregate Offering Price | Amount Already Sold |

| | Type of Security | Offering Price | Already Sold |
|----|--|------------------------------|-------------------------------|
| | Debt | | |
| | [] Common [] Preferred Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$3,000,000,000 | \$ 236,060,000 |
| | Other (Specify) | \$ | \$ |
| | Total | \$3,000,000,000 | \$ 236,060,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased offering and the aggregate dollar amounts of their purchases. For offerings unde cate the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter "0" if answer is "none" or "zero." | r Rule 504, indi | - Aggregate Dollar Amou |
| | Accredited Investors | 131 | \$ 236,060,00 |
| | Non-accredited Investors | | \$\$ |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505 , enter the information securities sold by the issuer, to date, in offerings of the types indicated, in t months prior to the first sale of securities in this offering. Classify securities in Part C - Question 1. | he twelve (12) es by type | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| ₽. | a. Furnish a statement of all expenses in connection with the issuance and dis securities in this offering. Exclude amounts relating solely to organization exp issuer. The information may be given as subject to future contingencies. If the expenditure is not known, furnish an estimate and check the box to the left of the | enses of the amount of an | |
| | Transfer Agent's Fees | [] | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | [] | \$ |
| | Accounting Fees | | \$ |
| | Engineering Fees | [1] | \$ |
| | Sales Commissions (specify finders' fees separately) * | [] | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | [x] | \$ <u>-0-</u> |

5 of 6

^{*} Limited partners may be required to pay an Origination Fee directly to the Placement Agent. Such fee is in addition to and not in reduction of such Limited Partner's Capital Contribution.

| 5 | used for each of the purposes sho estimate and check the box to the | the adjusted gross proceeds to the sown. If the amount for any purpose left of the estimate. The total of to the issuer set forth in respons | is not known, furnis of the payments liste | h an d must |
|-------------|--|--|--|-----------------------------|
| | | ·. | Payments to Officers, Directors, & Affiliates | Payments To |
| | | | [] \$ | []\$ |
| | | | | []\$ |
| | Purchase, rental or leasing and equipment | i installation of machinery and | []\$ | [] \$ |
| | Construction or leasing of plan | nt buildings and facilities | []\$ | [] \$ |
| | involved in this offering that | s (including the value of securities may be used in exchange for the associated pursuant to a merger) | sets | []\$ |
| | Repayment of indebtedness | | []\$ | [] \$ |
| | Working capital | | []\$ | [] \$ |
| | Other (specify): Investment | []\$ | [x] \$ 3,000,000,000 | |
| | | | - | |
| | Column Totals | | []\$ | [x] \$ <u>3,000,000,000</u> |
| | Total Payments Listed (column t | [x] \$ | 3,000,000,000 | |
| | | | | |
| | | D. FEDERAL SIGNATURE | <u> </u> | |
| ile Secu | d under Rule 505, the following sig | to be signed by the undersigned du gnature constitutes an undertaking on written request of its staff, th ragraph (b)(2) of Rule 502. | by the issuer to furr | nish to the U.S. |
| J.F | uer (Print or Type) . Morgan Partners Global Private estors I, L.P. | Signature Patride L. DM | Date 2/20 , 2 | 002 |
| Nam | e of Signer (Print or Type) | Title of Signer (Print or Type) Vice President & COO of J.P. Morg | / wan Private Investmen | ts Inc. |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)